Application Data Sheet

Application Information

Application number::

Filing Date:: February 27, 2004

Application Type:: Regular Subject Matter:: Utility

Suggested classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs:: Sequence submission?::

Computer Readable Form (CFR)?::

Number of copies of CRF::

Title:: Systems and Methods for Delivering

and Gathering Medical Diagnostic

Data

Attorney Docket Number:: 300566
Request for Early Publication?:: No
Request for Non-Publication?:: Yes
Suggested Drawing Figure:: 7

Total Drawing Sheets:: 13
Small Entity?:: No

Latin name::

Variety denomination name::

Petition Included?:: No

Petition Type:

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: AU

Status:: Full Capacity
Given Name:: Timothy

Middle Name:: R. H. Family Name:: PRATT

Name Suffix::

City of Residence:: Arden Hills

State or Province of Residence:: MN

Country of Residence:: US

Street of mailing address:: 1390 Indian Oaks Court

City of mailing address:: Arden Hills

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Signature:

A.

ESLER

Name Suffix::

City of Residence:: Coon Rapids

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 10916 Flora Street NW

City of mailing address:: Coon Rapids

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55433

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name::

Family Name:: FEARS

Name Suffix::
City of Residence::

Moundsview

State or Province of Residence:: MN
Country of Residence:: US

Street of mailing address:: 8322 Knollwood Drive

City of mailing address::

Moundsview

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Rocco Middle Name:: E.

Family Name:: ROSSINNI

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

St. Paul

MN

US

Street of mailing address:: 2377 Roselawn Avenue West

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

5t. Paul

MN

US

55113

Applicant Authority Type:: Inventor Primary Citizenship Country:: Syria

Status:: Full Capacity

Given Name:: Firass

Middle Name::

Family Name:: SHEHADEH

Name Suffix::

City of Residence:: Maple Grove

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 9005 Garland Avenue

City of mailing address:: Maple Grove

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Correspondence Information

Correspondence Customer Number:: 25764

Name::

Street of mailing address:: City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: Fax Number:: E-Mail address::						
Representative Information						
Representative Customer Number::		25764			· ·	
Representative Designation::		Registration Number::		Representative Name::		
Primary		47,629		Douglas M. Hamilton		
Domestic Priority Information						
Application::	Continuity Type:: P		Pa	Parent Application::		Parent Filing Date::
Foreign Priority Information						
Country::	Application number::			Filing Date::		Priority Claimed::
Assignee Information						
Assignee name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address::				Cardiac Pacemakers, Inc. 4100 Hamline Avenue North St. Paul MN US 55112		